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ABSTRACT

This document comprises forms (and directions for their use) used in Oregon which meet the state regulations for Early Childhood Special Education (ECSE) as well as the federal Individuals with Disabilities Education Act (IDEA). Forms are identified as either required or optional and are presented in a two-page format, with one page identifying the form, explaining its purposes, and providing directions for completing it and the other page containing a copy of the form. A flow chart shows the procedural process from referral to implementation and periodic review, with the forms required at each step identified. Forms include: referral for early childhood special education evaluation; prior notice and consent for initial evaluation; statements of eligibility (for early childhood special education, visual impairment, hearing impairment, speech/language impairment, orthopedic impairment, learning disability, serious emotional disturbance, mental retardation, autism, deaf/blind, other health impairment, and traumatic brain injury); physician's statement; prior notice and consent for initial placement in early childhood special education; notice of Individual Family Service Plan meeting; Individual Family Service Plan; notice of placement meeting; placement/service determination; prior notice of reevaluation and/or consent for intelligence or personality testing; prior notice of proposal or refusal to initiate a change; permission to obtain and release information; program/school officials having access to student records; and record of request for or disclosure of student records. Appendixes address parent rights in ECSE and provide photocopy-ready forms. (DB)

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Special Education Forms

Volume 2:

Early Childhood Special Education for Children Three to School Age

August 1992

EC 301755

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Special Education Forms

Volume 2:

Early Childhood Special Education for Children Three to School Age

August 1992

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Diana Allen

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Office of Special Education
Oregon Department of Education

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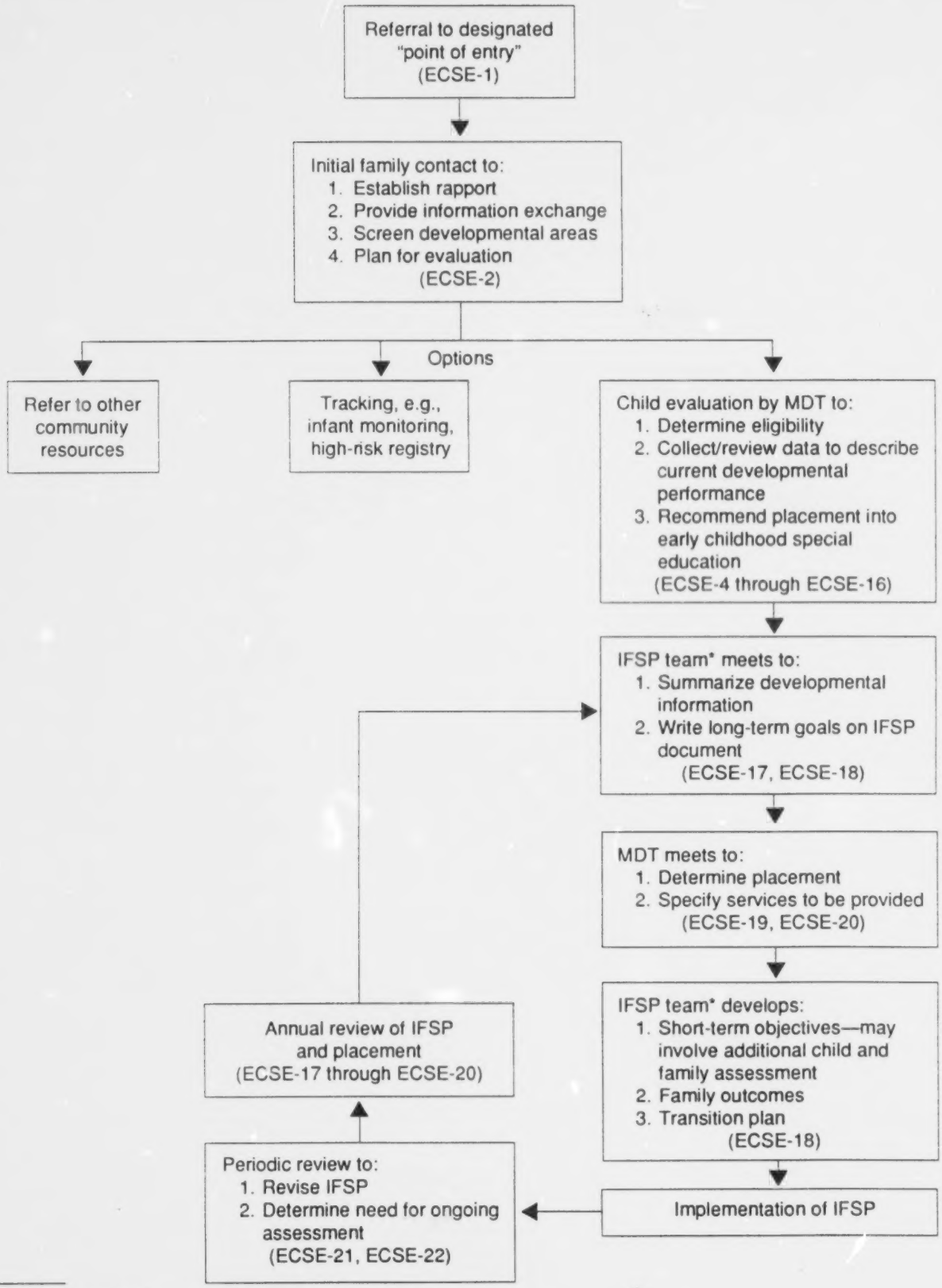
Procedural Process


Referral to designated "point of entry" (ECSE-1)
Initial family contact to:
1. Establish rapport
2. Provide information exchange
3. Screen developmental areas
4. Plan for evaluation
(ECSE-2)
Options
Refer to other community resources
Tracking, e.g., infant monitoring, high-risk registry
Child evaluation by MDT to:
1. Determine eligibility
2. Collect/review data to describe current developmental performance
3. Recommend placement into early childhood special education
(ECSE-4 through ECSE-16)
IFSP team* meets to:
1. Summarize developmental information
2. Write long-term goals on IFSP document
(ECSE-17, ECSE-18)
MDT meets to:
1. Determine placement
2. Specify services to be provided
(ECSE-19, ECSE-20)
IFSP team* develops:
1. Short-term objectives—may involve additional child and family assessment
2. Family outcomes
3. Transition plan
(ECSE-18)
Implementation of IFSP
Periodic review to:
1. Revise IFSP
2. Determine need for ongoing assessment
(ECSE-21, ECSE-22)
Annual review of IFSP and placement
(ECSE-17 through ECSE-20)

*May be one IFSP meeting if the composition of the team is the same.

Introduction

The forms and materials included in this document were developed to meet state regulations for Early Childhood Special Education (ECSE). The ECSE program must meet all requirements of the Individuals with Disabilities Act (IDEA) and state statutes and administrative rules. By using the forms and the Parent Rights statement found in the appendices, ECSE contractors and subcontractors will meet these requirements. Because this is a state-operated program, the use of the materials is mandatory. Programs **may not** change the materials.

The forms and directions included in this document will be revised in the future. Federal and state laws may change, the federal monitoring process to be conducted during 1992-93 may require modifications, and new ideas for formatting and directions may emerge as programs use this document. However, because the Department of Education is assuming responsibility for the program July 1, 1992, the document is being published now, so the programs may begin with forms and procedures that meet current state standards.

Using the Document

The forms and directions in this document are organized in chronological order from the referral of a child through the development of the child's individual family service plan (IFSP) and, after placement decisions are made, through any changes to the student's identification, evaluation, placement, or provision of services. All of the forms are numbered for ease of use.

Each form follows a two-page format:

Left-facing page	This page contains the form number and name, an explanation of the purpose(s) of the form, including any legal authority reference, and directions for completing the form.
Right-facing page	A copy of the form coded by number to the directions. The numbers circled on the forms correspond to specific directions on the left-facing page.

At the top of each form in the right corner is a space to indicate the date the form was filled out.

For further information about this document, please call the Office of Special Education, 378-3598.

Referral for Early Childhood Special Education Evaluation
Form ECSE-1

Instructions

Purpose

This form is used to:

- gather information regarding the child's suspected disability for early childhood special education;
- document the request for an early childhood special education evaluation; and
- assist the multidisciplinary team (MDT) to plan evaluations.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter the month, day and year the child was born.
3. Enter the name of the parent, guardian, or surrogate parent.
4. Enter the phone number(s) of the parent, guardian, or surrogate parent for work (w) and home (h).
5. Enter the address of the parent, guardian, or surrogate parent.
6. Enter the name of the referring person.
7. Enter the referring person's phone number.
8. Enter the child's current program.
9. Enter the child's resident school district. This is the district where the child lives.
10. Check the specific area of concern. Please list, next to each area of concern, information or evidence that will help the MDT plan an evaluation. Attach information for the MDT.
11. Please review the information provided for assistance to the MDT and enter appropriate information.
12. Describe any interventions used to try to remediate the problem as these facts are very helpful in planning the evaluation.
13. Describe what action will be taken.
14. Indicate who will take the action and when this will be completed.
15. Indicate the date the parent, guardian or surrogate parent was notified of this referral including month, day and year.

Date Initiated _____
Mo Day Yr

Referral for Early Childhood Special Education Evaluation
Form ECSE-1

Child Name ① _____ Birth Date (mo/day/yr) ② _____

Parent or Guardian Name ③ _____ Phone: w/ ④ _____ h/ ④ _____

Address ⑤ _____

Referring Party ⑥ _____ Phone ⑦ _____

Current Program ⑧ _____ Resident School District ⑨ _____

⑩ 1. Check the specific area of concern. Next to each area of concern list the information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

- ❒ Cognitive Development _____
- ❒ Receptive Language _____
- ❒ Expressive Language _____
- ❒ Gross Motor Development _____
- ❒ Fine Motor Development _____
- ❒ Social, Emotional, Behavioral Development _____
- ❒ Self-help Skills _____
- ❒ Hearing _____
- ❒ Vision _____

⑪ 2. Review any information provided which will assist the MDT:

Previous history in area of concern _____

_____

Previous report(s) _____

Health status _____

Primary language _____

⑫ 3. Describe any interventions used to try to remediate the problem _____

_____

_____

_____

All referrals must be filled out in full and accompanied by a current, signed Permission to Obtain and Release Information, Form ECSE-23 (Form 581-5150H), for exchange of information and pertinent records.

Action by MDT:

Describe what action will be taken ⑬ _____

Indicate who will take the action and when ⑭ _____

Indicate the date the parent was notified of this referral (mo/day/yr) ⑮ _____

Form 581-5149A-X (New 7/92)

Prior Notice and Consent for Initial Evaluation
Form ECSE-2 (page 1)

Instructions

Purpose

This form is used to:

- obtain and document parental consent for an initial early childhood special education evaluation to be conducted;
- meet the requirements of 34 CFR 300.504(a), 34 CFR 300.505, ORS 343.531, ORS 343.527, OAR 581-15-940, and OAR 581-15-075 regarding the need for a written notice when an evaluation is proposed;
- meet the requirements of 34 CFR 300.504(b), ORS 343.531, and OAR 581-15-039 regarding consent for conducting a pre-placement evaluation; and
- obtain written consent **before** the initial evaluation is conducted. It is the first of two written consents required in the early childhood special education process. The second is prior to initial placement into early childhood special education. See 34 CFR 300.504(b) and OAR 581-15-039.

NOTE: Form ECSE-22 can be used as the prior notice rather than page 1 of this form. Both forms meet the regulations. Form ECSE-22 is more generic while this form is specific to prior notice for initial evaluation.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter the approximate number of days needed to complete the evaluation.
3. Explain why this evaluation is being proposed.
4. Explain what other options were considered prior to this referral for early childhood special education services such as:
   - public health nurse tracking
   - Head Start
   - community preschool
   - any other programs or services available without the need for services from early childhood special education.
5. Explain why the above were rejected.
6. Use this section, if necessary, to provide additional reasons why the multidisciplinary team felt that this child needed services which are only available through early childhood special education.
7. This section meets the requirements for 34 CFR 300.505, ORS 343.527, and OAR 581-15-075. The law requires a description of each evaluation procedure, test, record, or report the team uses as a basis of the proposed evaluation. Indicate areas to be tested from the list below. You must name and describe each test used. Also indicate if you are using observation, review of parent reports, previous testing, or medical information for a particular area. Acronyms must be explained.

• cognitive development	• expressive language	• gross motor	• self-help	• vision
• social/emotional/behavior	• receptive language	• fine motor	• medical/health	• hearing

8. Enter the day and date that you propose to evaluate the child.
9. Enter the time that you propose to evaluate the child.
10. Enter the place where you propose to evaluate the child including the address.

This form is continued on page 6-7.

Date Initiated _____
Mo Day . Yr

Prior Notice and Consent for Initial Evaluation
Form ECSE-2 (page 1)

Dear _____:

As you know, ① _____ has been referred for testing to
(Child's Full Name)
determine eligibility for early childhood special education services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within ② _____ days.

We plan to evaluate your child because:

③

Other options we considered were:

④

We decided against those options because:

⑤

Any other additional information considered by the multidisciplinary team:

⑥

The evaluation procedures, assessment, and/or tests we plan to use include the following:

⑦

We propose to evaluate your child on ⑧ _____ at ⑨ _____ at ⑩ _____.

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)
_____.
(Address)

Sincerely,

Signature _____

Name (please print) _____

Title _____

Form 581-5149B-X (New 7/92) page 1

Prior Notice and Consent for Initial Evaluation
Form ECSE-2 (page 2)

Instructions

8. This form must be signed and dated by the parent/guardian/surrogate parent **prior to** the implementation of the evaluation.

9. If this section is completed **do not** implement the evaluation. Note: A reason for refusal is not required.

10. Enter the name and address of the person to whom the parent should send the signed form.

11. Enter the date this form is received.

12. Enter copy of this form in child's file.

NOTE: Once this written consent is received from the parent, it only applies for this initial evaluation. You will **not** need to obtain consent for ensuing evaluations **except** for intelligence or personality testing. You only notify the parent that you are going to reevaluate. (See form ECSE-21.) (OAR 581-21-030)

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
Form ECSE-2 (page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

⑧ _____ ⑧ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation. (optional)

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

⑨ _____ ⑨ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

Please return this form to ⑩ _____ at _____.

Date received by program ⑪ _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File ⑫

Form 581-5149B-X (New 7/92) page 2

Statement of Eligibility — Early Childhood Special Education
Form ECSE-3

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for early childhood special education;
- meet the requirements of ORS 343.513 and OAR 581-15-950 regarding the need to establish eligibility for early childhood special education in order for the child to receive services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district. This is the district where the child lives.
3. Check off whether the child meets the eligibility criteria for early childhood special education.
4. Check off whether the child meets each eligibility requirement for early childhood special education.
5. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
6. Indicate the date that initial eligibility was established.
7. Indicate the date that eligibility was re-established.
8. Check off all items that are attached to the form.
9. Place a copy of this form with all attachments into the child's file.

NOTE: **Children in early childhood special education can meet this eligibility criteria or any one of the other special education categories. See forms ECSE-4 to ECSE-14.**

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Early Childhood Special Education
Form ECSE-3

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

Check one:

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for early childhood special education. The determination is based upon the following eligibility requirements:

④ ❒ The child is three years of age to eligibility for entry into kindergarten and experiences a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following skill areas:

- ❒ Cognitive development
- ❒ Receptive language
- ❒ Expressive language
- ❒ Gross motor development
- ❒ Fine motor development
- ❒ Social, emotional, or behavioral development
- ❒ Self-help skills

– AND –

❒ The child has a **need** for early childhood special education services.

Signatures of Team Members	Title	Agree	Disagree
⑤ _____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

⑥ Date initial eligibility established _____

⑦ Date eligibility re-established _____

⑧ Attachments:
- ❒ Skill assessment reports
- ❒ Observation reports
- ❒ Other information

⑨ cc: Child's File

Form 581-5149C-X (New 7/92)

Statement of Eligibility — Visual Impairment
Form ECSE-4

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for visually impaired;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for visually impaired and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for visually impaired.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Visual Impairment
Form ECSE-4

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of visually impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of visually impaired. The determination is based upon **one or more** of the following eligibility requirements:

④ ❒ The child's residual acuity is 20/70 or less in the better eye with correction.

❒ The child's visual field is restricted to 20 degrees or less in the better eye.

❒ The child has an eye condition, either an eye pathology or a progressive eye disease, which in the opinion of the ophthalmologist or optometrist is expected to reduce either acuity or field to the criteria stated above.

❒ The child is unable to be adequately tested or demonstrates inadequate functional vision.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Ophthalmology or optometry report (required)
- ❒ Functional vision assessment report or informal observation (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149D-X (New 7/92)

Statement of Eligibility — Hearing Impairment
Form ECSE-5

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for hearing impaired;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for hearing impaired and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for hearing impaired.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Hearing Impairment
Form ECSE-5

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of hearing impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of hearing impaired. The determination is based upon **one or both** of the following eligibility requirements:

④ ❒ The child has a pure tone average loss of 25dbHL or greater in the better ear for frequencies of 500, 1000, and 2000 Hz or a pure tone average loss of 35dbHL or greater in the better ear for frequencies of 3000, 4000, and 6000 Hz. The loss can be sensorineural or conductive, if the conductive loss has been determined to be currently not treatable by a physician (see attached report from licensed audiologist).

❒ A child with unilateral hearing impairment will be considered for eligibility on an individual basis if the child has a significant educational deficit that can be attributed to the hearing loss.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Audiological report (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149E-X (New 7/92)

Statement of Eligibility — Speech/Language Impairment
Form ECSE-6

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for speech/language impaired;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for speech/language impaired and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for speech/language impaired.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Speech/Language Impairment
Form ECSE-6

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of speech/language impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of speech/language impaired. The determination is based upon **one or more** of the following eligibility requirements:

④

❒ **Articulation Disorder** — The child, given a test of articulation competence following developmental norms, exhibits disordered misarticulations of one or more phonemes and the articulation disorder interferes with communication, and calls attention to itself.

❒ **Voice Disorder** — The child demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch, quality, intensity, and/or resonance (see attached physician's statement).

❒ **Fluency Disorder** — The child demonstrates an interruption in the rhythm and/or rate of speech, which is characterized by hesitations, repetitions, and/or prolongations of sounds, syllables, words, or phrases and the disorder interferes with communication and calls attention to itself.

❒ **Language Disorder** — The child demonstrates a significant delay in one or more of the following areas as indicated by standard tests and/or language samples such to interfere with the child's educational progress:
❒ phonology ❒ morphology
❒ syntax ❒ semantics
❒ pragmatics

⑤ Disability: ❒ Primary ❒ Secondary

⑥ Signatures of Team Members	Title	Agree	Disagree
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
❒ Speech and language assessment (required)
❒ Statement by an otolaryngologist or other physician (required)
❒ Hearing screening (required)
❒ Language sample (optional)
❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149F-X (New 7/92)

Statement of Eligibility — Orthopedic Impairment
Form ECSE-7

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for orthopedically impaired;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for orthopedically impaired and needs early childhood special education.
4. Check off whether the child meets each eligibility requirement for orthopedically impaired.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Orthopedic Impairment
Form ECSE-7

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of orthopedically impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of orthopedically impaired. The determination is based upon **both** of the following eligibility requirements:

④ ❒ The child has a motor disability and requires early childhood special education.

❒ The condition is permanent or is expected to last for more than sixty (60) calendar days.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Statement by a pediatrician or other physician (required)
- ❒ Motor assessment (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149G-X (New 7/92)

Statement of Eligibility and MDT Report — Learning Disability
Form ECSE-8

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for learning disability;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for learning disability and needs early childhood special education.
4. Check off whether the discrepancy/deficit is a result of any of the factors listed.
5. Check what areas are affected.
6. Indicate the date of the classroom observation, the time, who conducted the observation, and that person's title.
7. Indicate the relevant behavior noted and the relationship of that behavior to the child's academic functioning.
8. Indicate any educationally relevant medical findings.
9. Check off whether this is the primary or secondary disabling condition.
10. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination. If an MDT member disagrees, then he/she must attach a statement presenting his/her conclusions.
11. Indicate the date that initial eligibility was established.
12. Indicate the date that eligibility was re-established.
13. Check off all items that are attached to the form.
14. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility and MDT Report — Learning Disability
Form ECSE-8

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of learning disability.

④ ❒ The discrepancy or deficit is primarily the result of:

❒ A visual, hearing, or motor disability
❒ Mental retardation
❒ Emotional disturbance
❒ Environmental, cultural, or economic disadvantage

③ ❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of learning disability. The determination is based upon the following eligibility criteria:

⑤ ❒ There is a severe discrepancy between achievement and intellectual ability which is **not correctable** without early childhood special education and related services in **one or more** of the following areas:

❒ Oral expression
❒ Listening comprehension
❒ Written expression
❒ Reading comprehension
❒ Math calculations
❒ Basic reading skills
❒ Math reasoning

❒ And/or there is evidence of a deficit in one or more of the following areas which prevents the child from profiting adequately from regular classroom methods and materials without early childhood special education:

❒ Perception
❒ Conceptualization
❒ Language
❒ Memory
❒ Skills
❒ Control of attention

⑥ Classroom observation: Date _____ Time _____

By _____ Title _____

⑦ Relevant behavior noted and the relationship of that behavior to the child's academic functioning:

_____

_____

⑧ Educationally relevant medical findings, if any _____

⑨ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑩	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑪ Date initial eligibility established _____

⑫ Date eligibility re-established _____

⑬ Attachments:

❒ Assessment results as appropriate: health, vision, hearing, social and emotional status, communicative status, and motor abilities (required)
❒ Physician's statement (if necessary)
❒ General intelligence assessment results (required)
❒ Academic/achievement assessment results (required)
❒ Observation reports (required)
❒ Recommendations by the MDT (optional)
❒ Other information

⑭ cc: Child's File

Form 581-5149H-X (New 7/92)

Statement of Eligibility — Serious Emotional Disturbance
Form ECSE-9

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for seriously emotionally disturbed;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for seriously emotionally disturbed and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for seriously emotionally disturbed.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Serious Emotional Disturbance
Form ECSE-9

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of seriously emotionally disturbed.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of seriously emotionally disturbed. The determination is based upon the following eligibility requirements:

④ The child's emotional problems shall have existed over an extended period and to such a degree as to significantly interfere with the child's educational progress, and the child exhibits **one or more** of the following:

- ❒ An inability to learn at a rate commensurate with the child's intellectual, sensory-motor and physical development.
- ❒ An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers.
- ❒ A variety of excessive behavior ranging from hyperactive, impulsive responses, to depression and withdrawal.
- ❒ Inappropriate types of behavior or feelings under normal circumstances.
- ❒ A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

Children who are socially maladjusted may **not** be identified as seriously emotionally disturbed unless the child also meets the eligibility criteria listed above.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Physician's statement (required)
- ❒ Psychological report (when appropriate)
- ❒ Observation report (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149I-X (New 7/92)

Statement of Eligibility — Mental Retardation
Form ECSE-10

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for mental retardation;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for mental retardation and needs early childhood special education.
4. Check off whether the child meets each eligibility requirement for mental retardation.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Mental Retardation
Form ECSE-10

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of mental retardation.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of mental retardation. The determination is based upon **all** of the following eligibility requirements:

④ ❒ The child's intelligence test score is two or more standard deviations below the mean on a standardized intelligence test administered in accordance with OAR 581-15-072.

❒ The child has deficits in adaptive behavior coexistent with impairments in intellectual functioning.

❒ The child's developmental level or educational achievement is significantly below age or grade norms.

❒ It has been determined that the child's educational problems are not primarily the result of sensory disabilities and/or physical factors.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Standardized individual intelligence test results (required)
- ❒ Statement by a pediatrician or other physician (required)
- ❒ Developmental history (required)
- ❒ Standardized individual educational performance test results (required)
- ❒ Adaptive behavior test results (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149J-X (New 7/92)

Statement of Eligibility — Autism
Form ECSE-11

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for autism;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for autism and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for autism.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Autism
Form ECSE-11

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of autism.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of autism. The determination is based upon having **four of the five** indicators listed below:

④ ❒ The child exhibits impaired or deviant comprehension and/or use of language.

❒ The child exhibits impaired abilities to relate to people or the environment.

❒ The child exhibits or previously exhibited disturbances in responses to sensory stimuli.

❒ The child exhibits or previously exhibited disturbances in developmental rates and/or sequences.

❒ The child exhibits a significant rating on a standardized autism rating scale.

AND

❒ It has been determined that the educational problems are not primarily the result of sensory disabilities and/or other physical problems.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Developmental history (required)
- ❒ Observation reports (3 — 20 minutes each required)
- ❒ Speech and language assessment report of functional communication (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Child's File

Form 581-5149K-X (New 7/92)

Statement of Eligibility — Deaf/Blind
Form ECSE-12

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for deaf/blind;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for deaf/blind and needs early childhood special education.
4. Check off the requirements under which the child meets eligibility for deaf/blind.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Deaf/Blind
Form ECSE-12

1. Child Name _____ Birth Date (mo/day/yr) _____
2. Program _____ Resident District _____

3. ☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of deaf/blind.

   ☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of deaf/blind. The determination is based upon **one or more** of the following eligibility requirements:

4. ☐ The child meets the criteria for visual and hearing impairment in accordance with OAR 581-15-051 per attached documentation. (Forms ECSE-4 and ECSE-5)

   ☐ The child exhibits inconsistent or inconclusive responses during hearing and/or vision evaluations.

   ☐ The child exhibits inconsistent responses to auditory and/or visual stimuli in the environment.

   ☐ The child has degenerative pathology or disease that will affect vision and/or hearing acuity.

   Continuation of eligibility status for more than one year for a child suspected of deaf/blind will require a written statement by the multidisciplinary team concerning the status of the suspected visual or auditory impairment. The statement will confirm/deny/continue the child's eligibility status based upon behavioral and observational data compiled over the period of the review. [OAR 581-15-051(9)(d)]

5. Disability: ☐ Primary ☐ Secondary

	Signatures of Team Members	Title	Agree	Disagree
6.	_____	_____	☐	☐
	_____	_____	☐	☐
	_____	_____	☐	☐
	_____	_____	☐	☐
	_____	_____	☐	☐

7. Date initial eligibility established _____
8. Date eligibility re-established _____
9. Attachments:
   - ☐ Statement of Eligibility — Visually Impaired, Form 581-5149D (ECSE-4) and attachments (required if first box is checked)
   - ☐ Statement of Eligibility — Hearing Impaired, Form 581-5149E (ECSE-5) and attachments (required if first box is checked)
   - ☐ Written statement of child's visual or auditory impairment status (required if eligibility is more than one year)
10. cc: Child's File

Form 581-5149L-X (New 7/92)

Statement of Eligibility — Other Health Impairment
Form ECSE-13

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for other health impaired;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for other health impaired and needs early childhood special education.
4. Check off whether the child meets each eligibility requirement for other health impaired.
5. Indicate the child's health impairment (such as HIV/AIDS, diabetes, ADHD, etc.)
6. Check off whether this is the primary or secondary disabling condition.
7. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
8. Indicate the date that initial eligibility was established.
9. Indicate the date that eligibility was re-established.
10. Check off all items that are attached to the form.
11. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Other Health Impairment
Form ECSE-13

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of other health impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of other health impaired. The determination is based upon **both** of the following eligibility requirements:

④ ❒ The child's health condition requires early childhood special education.

❒ The child's condition is permanent or is expected to last for more than sixty (60) calendar days.

⑤ The child's health impairment is _____

⑥ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑦	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑧ Date initial eligibility established _____

⑨ Date eligibility re-established _____

⑩ Attachments:
- ❒ Assessment results showing the impact of the child's health impairment on his/her educational performance (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

⑪ cc: Child's File

Form 581-5149M-X (New 7/92)

Statement of Eligibility — Traumatic Brain Injury
Form ECSE-14

Instructions

Purpose

This form is used to:

- document that the child meets the eligibility criteria for traumatic brain injury;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the child to receive early childhood special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter child's complete legal name; do not use a nickname. Enter the child's date of birth.
2. Enter the program that the child attends and the child's resident school district.
3. Check off whether the child meets the eligibility criteria for traumatic brain injury and needs early childhood special education.
4. Check off whether the child meets each eligibility requirement for traumatic brain injury.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the child's file.

Early childhood special education programs must follow the "Eligibility for Early Childhood Special Education" technical assistance paper from the Department of Education to determine eligibility for each disability category and the noncategorical developmental delay area. For some disability categories an eligibility checklist, specific to early childhood special education, must be completed and attached to this form. This is in addition to the other required attachments listed on the form.

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Traumatic Brain Injury
Form ECSE-14

① Child Name _____ Birth Date (mo/day/yr) _____

② Program _____ Resident District _____

③ ❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of traumatic brain injury.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of traumatic brain injury. The determination is based upon **both** of the following eligibility requirements:

④ ❒ The child had a traumatic brain injury which adversely affects educational performance and requires early childhood special education.

❒ The condition is permanent or is expected to last for more than 60 calendar days.

⑤ Disability: ❒ Primary ❒ Secondary

	Signatures of Team Members	Title	Agree	Disagree
⑥	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒
	_____	_____	❒	❒

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ❒ Psychological test results (required)
- ❒ Motor test results (required if child exhibits motor impairments)
- ❒ Speech/language test results (required if child exhibits communication disorders)
- ❒ Observation reports (2 — required)
- ❒ Adaptive behavior test results (required)
- ❒ Pre-injury performance information (required)
- ❒ Physician's statement (required)
- ❒ Psychosocial test results (required if student exhibits changed behavior)

⑩ cc: Child's File

Form 581-5149N-X (New 7/92)

Physician's Statement
Form ECSE-15

Instructions

Purpose

This form is used to:

- meet the requirements of OAR 581-15-051 regarding the need for a physician's statement to help determine eligibility for special education and related services.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter the child's date of birth.
3. Check off the suspected disability(ies).
4. Enter your name and address.
5. Send a copy to the child's physician. Keep a copy in the child's file until the signed copy from the physician is returned. Once the signed copy is received, attach it to the appropriate Statement of Eligibility form (Forms ECSE-3 through ECSE-14) and put it in the child's file.

Date Initiated _____
Mo Day Yr

Physician's Statement
Form ECSE-15

Child ① _____ Birth Date ② _____

Physician, please examine the child in relation to the suspected disability which has been checked, and provide the information requested for that condition.

Visual Impairment ③

Yes No
- ☐ ☐ The child's residual acuity is 20/70 or less in the better eye with correction.
- ☐ ☐ The child's visual field is restricted to 20 degrees or less in the better eye.
- ☐ ☐ The child has an eye condition, either an eye pathology or a progressive eye disease, that is expected to reduce either acuity or field to one of the above criteria.
- ☐ ☐ The child is unable to be adequately tested, but demonstrates inadequate functional vision.

Diagnosis _____
Comments _____

Hearing Impairment ③

Is Is Not
- ☐ ☐ The child's conductive hearing loss is/is not currently treatable.
- ☐ ☐ The use of amplification is or is not appropriate.

Diagnosis _____
Comments _____

Speech/Language Impairment ③

Yes No
- ☐ ☐ The child has a voice disorder or other speech and language problem.

Diagnosis _____
Comments _____

Serious Emotional Disturbance ③

Are Are Not
- ☐ ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Orthopedic Impairment ③

Yes No
- ☐ ☐ The child has a motor disability.
- ☐ ☐ The condition is permanent or is expected to last for more than 60 calendar days.

Diagnosis of motor disability or description of motor limitations _____
Comments _____

Please sign and return to ④ _____
at _____

_____ _____
Physician's Signature Date

cc: Child's File ⑤

Learning Disability ③

Are Are Not
- ☐ ☐ The student's learning disability is the result of a visual, hearing, motor disability, mental retardation, or emotional disturbance.

Diagnosis _____
Comments _____

Mental Retardation ③

Are Are Not
- ☐ ☐ There are/are not sensory factors contributing to the child's educational problems.
- ☐ ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Autism ③

Are Are Not
- ☐ ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Deaf/Blind ③

Are Are Not
- ☐ ☐ There are/are not medical conditions affecting vision and hearing.

Diagnosis _____
Comments _____

Other Health Impairment ③

Yes No
- ☐ ☐ The health impairment is permanent or is expected to last for more than 60 days.

Diagnosis or description of health impairment _____
Comments _____

Traumatic Brain Injury ③

Yes No
- ☐ ☐ The child had a traumatic brain injury which adversely affects educational performance and requires early childhood special education.
- ☐ ☐ The condition is permanent or is expected to last for more than 60 days.

Diagnosis _____
Comments _____

Form 581-5149O-X (New 7/92)

BEST COPY AVAILABLE

Prior Notice and Consent for Initial Placement in Early Childhood Special Education
Form ECSE-16 (page 1)

Instructions

Purpose

This page of the form is used to:

- obtain and document parental consent for an initial placement of their child in early childhood special education; and
- to meet the requirements of 34 CFR 300.504, 34 CFR 300.505, ORS 343.531, ORS 343.527, OAR 581-15-039, OAR 581-15-940, and OAR 581-15-075.

This form is to be used for placement into early childhood special education, not a particular program or school.

NOTE: Form ECSE-22 can be used as the prior notice rather than page 1 of this form. Both forms meet the regulations. Form ECSE-22 is more generic while this form is specific to prior notice for initial placement.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Justify why placement is needed. This should correspond to the justification of need for early childhood special education reported in any evaluation report.
3. Explain what other options were considered prior to this recommended placement in early childhood special education such as:
   - public health nurse tracking,
   - community preschool,
   - other programs/services that do not require early childhood special education, and/or
   - other early childhood special education services that may have been considered.
4. Explain why the options which were considered were deemed not feasible or inappropriate.
5. Use this section, if necessary, to describe any additional information that the multidisciplinary team considered in making its decision.
6. The law requires you to list a description of any procedures, tests, records or reports your team uses as a basis of a proposed placement. List and/or describe each relevant one used. Please explain acronyms.

Continued on pages 36-37.

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Placement in Early Childhood Special Education
Form ECSE-16 (page 1)

Dear _____:

The multidisciplinary team has found ① _____ eligible to receive early childhood special education services. These services will be described in the Individual Family Service Plan (IFSP) which will be written for your child. The multidisciplinary team recommends placement in early childhood special education.

We recommend placement in early childhood special education because:

②

Other placement options we considered:

③

We rejected these options because:

④

Additional information considered by the multidisciplinary team:

⑤

The following procedure(s), test(s), record(s) or report(s) were relevant to the proposed placement of your child in early childhood special education.

⑥

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)

_____
(Address)

Sincerely,

Signature _____

Printed Name _____

Title _____

Form 581-5149P-X (New 7/92) page 1

Prior Notice and Consent for Initial Placement in Early Childhood Special Education
Form ECSE-16 (page 2)

Instructions

7. This section must be signed and dated by the parent/guardian/surrogate parent **prior to** the implementation of any services and placement into early childhood special education.

8. If this section is completed **do not** implement the IFSP. NOTE: A reason for refusal is not required.

9. Enter the name and address of the person that you want the parent to send the signed form to.

10. Enter the date this form is received. **This is a very important date.**

11. When it is returned, place a copy of this form in child's file.

NOTE: Once this written consent is received from the parent, it applies to the initial placement in early childhood special education through the time of the next individual family service plan (IFSP) meeting. After the next IFSP meeting, if the early childhood special education placement is going to be changed, the parents are notified of the proposed change of placement. They do not have to consent to it, and if they wish to prevent the placement, they must file for a due process hearing.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Placement in Early Childhood Special Education
Form ECSE-16 (page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for this placement in special education. Please call if you have any questions.

CONSENT FOR INITIAL PLACEMENT

I give my permission for placement in early childhood special education as described on page 1 of this form. I understand that my consent is voluntary and that it may be revoked for any reason during the initial placement process which ends at the time the next IFSP is written.

⑦ _____ ⑦ _____
Signature of Parent/Guardian/Surrogate Parent Mo Day Yr

OR

NO CONSENT FOR INITIAL PLACEMENT

Please complete this section and sign here if you **do not** give permission for this placement. (optional)

I **do not** give permission for this placement. My reason(s) for not giving permission are:

_____

_____

_____

⑧ _____ ⑧ _____
Signature of Parent/Guardian/Surrogate Parent Mo Day Yr

Please return this form to ⑨ _____ at _____

Date received by program ⑩ _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File ⑪

Form 581-5149P-X (New 7/92) page 2

Notice of Individual Family Service Plan Meeting
Form ECSE-17

Instructions

Purpose

This form is used to:

- document that the parent was invited to participate in the development of the individual family service plan (IFSP) at a time and place convenient to parent;
- document that the parent who would be participating in the IFSP meeting was notified as per ORS 343.521;
- document that the required participants were invited to the IFSP meeting as prescribed in OAR 581-15-980; and
- document that the parent was notified that he/she was invited to bring other participants to the IFSP meeting.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter date, time and place where you propose to hold the IFSP meeting. NOTE: The IFSP must be developed within 30 days after the multidisciplinary team (MDT) meeting at which the child was determined eligible for early childhood special education services as per ORS 343.521. This date can be found on the Statement of Eligibility Forms ECSE-3 through ECSE-14.
3. Enter the name and telephone number of the person who can be contacted by the parent. This could be a clerical person.
4. Enter date by which parent must notify the contact person that he/she will need to make other arrangements in order to participate in the IFSP meeting.
5. Enter names and titles/positions of those who are invited to IFSP meeting. Required participants are: (1) the parent(s) of the child; (2) a representative of the contracting or subcontracting agency who is qualified to provide or supervise early intervention services; (3) the early childhood special education specialist or related service personnel serving the child; (4) other individuals at the discretion of the parent, contractor, or subcontractor; and (5) a member of the evaluation team or a person knowledgeable about the evaluation procedures and results if this is the child's first IFSP meeting.
6. Enter signature, printed name, position, and address of the person who is conducting the IFSP meeting. Send completed form to parent(s) at least seven days prior to the meeting date.
7. Place copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Notice of Individual Family Service Plan Meeting
Form ECSE-17

Dear _____:

This is to invite you to a meeting to develop or review an individual family service plan (IFSP) for ① _____.
(Child's Full Name)

An IFSP is a plan designed to address the special needs of your child. The development of the IFSP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IFSP meeting, please contact me. The IFSP meeting is scheduled

for ② _____ at ② _____ at ② _____.
(Date) (Time) (Place)

If this is not a convenient time or location, please let ③ _____ know
(Name)

at ③ _____ by ④ _____ and we will reschedule the meeting or talk about other
(Phone) (Date)

ways you can participate.

The people invited to attend are:

⑤ Name	Position

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature ⑥ _____

Printed Name ⑥ _____

Position ⑥ _____

Address ⑥ _____

Enclosure: *Parent Rights*

cc: Child's File ⑦

Form 581-5150Q-X (New 7/92)

Individual Family Service Plan
Form ECSE-18 (page 1)

Instructions

Purpose

Page 1 of this 5-page form is used to:

- comply with ORS 343.521 which mandates the contents of the individual family service plan (IFSP); and
- comply with OAR 581-51-980 which mandates participants at the IFSP meeting.

Directions

1. Enter child's complete legal name (do not use a nickname) and date of birth, including month, day, and year.
2. Enter parent(s) or guardian's name, home phone and work phone numbers, and address.
3. Enter name and agency of the IFSP coordinator, and resident school district.
4. List all pertinent dates, including the IFSP meeting date, date when child's eligibility for early intervention/early childhood special education services was established, next review date, annual review date, transition information (**ECSE only**), and information regarding extended year services (**ECSE only**). If the child will be making a transition in the next year, "yes" should be checked and the steps supporting the transition of the child to preschool or kindergarten should be addressed in the IFSP.
5. List all the IFSP team members attending the meeting including their name, role, and phone number (do not need signatures).
6. OPTIONAL — List the IFSP team members not in attendance at the meeting, but who have contributed information leading to the development of the IFSP.
7. Indicate the extent of participation by early childhood special education (**only**) children with nondisabled peers. Indicate by the percent of time the child will be in a regular education program (when not in specialized classroom), or list the specific regular activities the child will be attending during their preschool day.
8. List the specific early childhood special education services necessary to meet the unique needs of the child and family to achieve the identified goals and outcomes. Also list in this section the "other services" necessary to enable the child to benefit from ECSE services (during the time that the child is receiving the ECSE services). Identifying "other services" does not impose an obligation to provide or pay for those services. This section is completed **after** the child's goals and objectives have been addressed. The list of ECSE services must include:

   Service/Method — Specify what the service is (i.e., home, classroom, adapted physical education) and whether it will be provided on an individual , group, direct service, or consultative basis. If modifications (supplementary aids and services) to a community preschool program are necessary to ensure a child's participation (**ECSE only**) in the program, list those modifications in this column.

   How Often — Specify frequency and intensity of services (i.e., amount of service provided per day, per week, or per month).

   Where — Specify where service will take place (i.e., day care, preschool, or home).

   Who will do this — Specify agency, name, and/or role of person providing the service.

   Who will pay — Must specify financial responsibility for **each** service, such as ECSE, private insurance, Medicaid, Head Start, or family. If the source of funding is undetermined for an identified "other service," information should be included regarding who will explore options, check into scholarships, etc.

   Start Date — Specify beginning date (month, day year) of each service.

   Stop Date — Specify anticipated duration of each service.
9. OPTIONAL — Parents **may** sign this section when the IFSP is completed. Explain to parents that their signature **only** indicates that they have participated in the development of this plan and **does not** indicate their approval of the plan or services.
10. Enter the name of the agency providing the early childhood special education services and the mailing address.

Continued on pages 42–48

Individual Family Service Plan (IFSP)

Child ① _____ Birth Date ① _____

Parent(s)/Guardian ② _____ Home Phone ② _____ Work Phone ② _____

Address ② _____

IFSP Coordinator/Agency ③ _____ Resident School District ③ _____

Meeting Date ④ _____
Date Eligibility Established _____
Review Date _____
Annual Review _____
Transition Date _____
Transition Plan? ☐ Yes ☐ No
Extended Year Services? ☐ Yes ☐ No

Team Members in Attendance (name/role/phone)	Team Members Not Attending: (name/role/phone)
⑤	⑥

Extent of participation with nondisabled peers ⑦ _____

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date
⑧	⑧	⑧	⑧	⑧	⑧	

I (We) have had the opportunity to participate in the development of this IFSP. Signature(s) ⑨ _____

Agency Name ⑩ _____ Mailing Address ⑩ _____

Individual Family Service Plan
Form ECSE-18 (page 2)

Instructions

Purpose

Page 2 of this 5-page form is used to:

- list additional services if needed. This is an **optional** page and may be added following page 1.

Example of Summary of Services

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date
Home visits	1/mo.–60 min.	Home	Jane—family consultant	EI/ECSE	9/26/92	9/9/93
Toddler group	1/week–90 min.	PACE program	Jane—program staff	EI/ECSE	9/26/92	9/9/93
Speech therapy	1/mo.–60 min.	Home	Grace—speech therapist	EI/ECSE	9/26/92	9/9/93
Speech therapy at toddler group	1/week–30 min.	PACE program	Grace—speech therapist	EI/ECSE	10/7/92	6/6/93
Parent-tot swim	2/week–45 min.	YMCA	YMCA staff	Family	12/5/92	1/9/93

Continued on pages 44–48

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

Form 581-5150E-X (New 7/92) page 2

Individual Family Service Plan
Form ECSE-18 (page 3)

Instructions

Purpose

Page 3 of this 5-page form is used to:

- comply with ORS 343.521 which mandates that the IFSP shall include a statement of the child's present level of development.

This page is developed during the initial IFSP meeting and is added to at subsequent reviews.

Directions

1. Enter child's name and date of the most recent assessment information (entered after "Summary as of _____") at the top of this page.

2. OPTIONAL — This section contains a description of the child's **strengths and interests**. The child's strengths and interests are supportive comments made by parents and other team members. Comments are intended to highlight positive child characteristics.

   Examples of child's strengths and interests: Mary is a highly motivated learner. She is interested in most of the activities at Toddler Group. Mary is fun for other kids and adults to be with and she enjoys being the center of attention.

3. OPTIONAL — Enter the **sources of information** used to obtain information about the child in developing the IFSP: evaluations, program assessment, reports, observations, and parent report. Include any pertinent information from medical reports and screenings.

   Examples of sources of information: Bailey Scales of Infant Development, Evaluation and Programming System (EPS), Vineland, teacher observation, parent report, and physical therapy reports from the Child Development and Rehabilitation Center (CDRC). Hearing and vision have been screened and are within normal limits.

4. Summarize the child's present levels of development in each area: **cognitive, social, fine motor, gross motor, communication,** and **self-care**. The present levels of development give a summary sketch of the child and lay the foundation for the succeeding components of the IFSP. The present level statements are brief narratives which summarize how the child is functioning in each area of need on which the IFSP focuses. There must be a **direct relationship** between the present levels of development, the annual goals, short-term objectives, and the specific EI/ECSE services to be provided to the child. Descriptive information for each area is to be provided in a positive, strength-based format. This information may be obtained through reviewing eligibility testing, screening information, program assessment, parent input, observation of the child, and any other relevant reports. It is not appropriate to list specific test scores in this section.

   Examples of child's present levels of development:

   Gross Motor: "Mary has good head control while sitting independently and is beginning to crawl forward on her stomach," as opposed to, "Mary is unable to move to a sitting position without assistance."

   Self-care: "Mary feeds herself finger food, can drink out of a cup with assistance, and is beginning to show some interest in eating with a spoon," as opposed to "Mary is unable to use a spoon and requires assistance in dressing."

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Continued on pages 46–48

①_____'s Current Developmental Information Summary as of _____

Child's Strengths and Interests

②

Sources of Information in Developing this IFSP

③

Pertinent Medical Information

Hearing Screening

Vision Screening

Present Skill Levels

④

Cognitive

Fine Motor

Communication

Gross Motor

Social

Self-Care

Individual Family Service Plan
Form ECSE-18 (page 4)

Instructions

Purpose

Page 4 of this 5-page form is used to:

- comply with ORS 343.521 which mandates that the IFSP shall include a statement of the annual goals and short-term objectives expected to be achieved for the child, and the criteria, evaluation procedures, evaluation schedules and timelines for each short-term objective.

Additional goal pages may be added as needed, either initially or at the IFSP review.

Directions

1. Enter child's name, the date, and the developmental area that the goal addresses such as language, gross motor, cognitive, etc.

2. **Long-term goals** are statements describing what the child is expected to learn or be able to do within the next 12 months. Long term goals are brief, measurable statements. They use language that is easily understood by all team members. *Long term goals are developed and written at the initial IFSP meeting* (and at subsequent IFSP meetings by the team that will be working with the family).

3. Indicate **who** will work on goal and **who** will keep track of progress.

4. This section addresses the child's **short-term objectives**, which are steps or milestones leading toward the long-term goal. The short-term objectives section of this page is filled out by the IFSP team that will be working directly with the child and family.

   Short-term objectives should be functionally stated in terms of **what** is to occur (the observable behavior), **when** it is to occur (conditions), **how** it shall occur, and **how much** is expected (the criteria). Required elements for writing short-term objectives include: **observable behavior** (what, when, how), **criteria** (i.e., 70% of the time), **evaluation procedures** (i.e., observation, testing), and **evaluation schedule** (i.e., monthly).

5. OPTIONAL — The **family resources/other resources** column relates to each of the identified short-term objectives and may be added as they are identified. **This column is optional and should only be used when the family identifies their own strengths or interests**. The information recorded in this column may be based on conversations with the family or a *Family Interest Survey* that may have been completed by the parents.

6. OPTIONAL — The purpose of this section is to specify the **start date** (month and year) for each objective, and to provide an opportunity for the team to review (twice a year at the **review** and **annual review**) the current status of each objective. This status is coded using the following scale:

   Rating

0	Decided not to do (state reason)
1	Haven't started yet
2	In progress, going well . . . continue
3	In progress, need to rewrite the goal and/or objective
4	Completed to team's satisfaction

Continued on page 48

Child's Goals and Objectives

Child ① _____ Date _____ Developmental Area _____

What we want to happen (long-term goal) ② _____

_____

Who will work on it ③ _____ Who will keep track of progress _____

How We Will Do It (short-term objectives & criteria)	Evaluation Procedures & Schedule	Family Resources/ Other Resources	Start Date	Review	Annual Review
④	④	⑤	⑥	⑥	⑥

Form 581-5150E-X (New 7/92) page 4

Individual Family Service Plan
Form ECSE-18 (page 5)

Instructions

Purpose

Page 5 of this 5-page form is used to:

- address family outcomes.

This page is OPTIONAL.

Directions

1. Enter family's name and the date.

2. Families have the choice whether or not they want to have their strengths and interests assessed. If a family chooses not to participate, request that they initial and date the box in the upper right hand corner of this page. This will document that the provider has given this option to the family.

3. This section contains a statement of the major outcome desired by the family (outcomes are identified by families and not other team members). **A need or concern exists only if the family perceives that they are important.** The outcome can focus on an area of family life that a family feels is related to its ability to enhance the child's development. The outcome should be functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product). In addition, it is important to use the family's language in wording the outcome statement. **This page is filled out by the IFSP team member(s) that will be working directly with the child and family.**

   Examples of family outcomes:

   Mom and Dad want to become more involved in Susie's program so that they can carry out activities at home.

   Mom would like to learn some specific activities to increase Susie's talking at home.

4. **How We Will Do It (activities):** List the strategies and activities that will be used to bring about a family's chosen outcome. Activities can be identified by reviewing the child, family, program, and community strengths and resources available to meet the outcome. Also note family strengths or interests that will assist in meeting this outcome.

   Examples of activities:

   Susie's classroom teacher will send home a communication notebook each day to describe Susie's day at school.

   Mom only works a half-day on Wednesdays and Fridays. She will "volunteer" in Susie's class on Friday mornings for two hours.

5. **Family Resources:** The strengths, abilities, formal and informal supports that can be mobilized to meet family concerns, interests, or outcomes are listed in this column.

   Examples of Family Resources:

   Grandma helps with transportation to therapy.

   Aunt Judy helps with feeding on the weekends and will babysit on short notice.

6. **Other Resources:** Resources not mentioned previously are listed here, such as family support services, YMCA, ARC respite, and DD case management services.

7. **Ratings to Review Family Outcomes:** Ratings are used to determine the status of each activity written on the IFSP. Ratings are assigned by the family to determine when an outcome or activity has been achieved, needs to be changed, or omitted.

   Rating

0	Decided not to do (state reason)
1	Haven't started yet
2	In progress, going well . . . continue
3	In progress, need to rewrite the outcome
4	Completed to family's satisfaction

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Family Outcomes

Family ① _____ Date ① _____

What we want to happen (outcome) ③ _____

Our family chooses not to identify or address the area of family strengths and outcomes.
Date ② _____ Initial ② _____

How We Will Do It (activities)	Family Resources	Other Resources	Start Date	Review	Annual Review
④	⑤	⑥	⑦	⑦	⑦

Form 581-5150E-X (New 7/92) page 5

Notice of Placement Meeting
Form ECSE-19

Instructions

Purpose

This form is used to:

- document that the parent was invited to participate in the placement decision for his/her child; and
- document that the parent who would be participating in the placement meeting was notified as per OAR 581-15-900.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. Enter date, time and place where you propose to hold the placement meeting.
3. Enter the name and telephone number of the person who can be contacted by the parent. This could be a clerical person.
4. Enter date by which parent must notify the contact person that he/she will need to make other arrangements in order to participate in the placement meeting.
5. Enter names and titles/positions of those who are invited to the placement meeting. Required participants are: (1) a specialist knowledgeable in the area of the suspected disability; (2) the child's early childhood special education specialist, related service provider, or an individual qualified to teach a child of his/her age; and (3) at least one other individual qualified to conduct individual diagnostic evaluations.
6. Enter signature, printed name, position, and address of the person who is conducting the placement meeting.
7. Place copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Notice of Placement Meeting
Form ECSE-19

Dear _____:

This is to invite you to a meeting to determine the early childhood special education placement for ① _____ (Child's Full Name). The placement meeting is scheduled for ② _____ (Date) at ② _____ (Time) at ② _____ (Place).

If this is not a convenient time or location, please let ③ _____ (Name) know at ③ _____ (Phone) by ④ _____ (Date) and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

⑤ Name	Position

Sincerely,

Signature ⑥ _____

Printed Name ⑥ _____

Position ⑥ _____

Address ⑥ _____

Enclosure: *Parent Rights*
cc: Child's File ⑦

Form 581-5149R-X (New 7/92)

Placement/Service Determination
Form ECSE-20

Instructions

Purpose

This form is used to:

- meet requirements of 34 CFR 300.533, 34 CFR 300.305, 34 CFR 300.552, 34 CFR 300.550, 34 CFR 300.532, ORS 343.531, and OAR 581-15-1000 which mandate that placement occur in the least restrictive environment.

Directions

1. Enter child's complete legal name; do not use a nickname.
2. List the multidisciplinary team by name and title.
3. List the information and sources used to determine the nature and location of services. Lists of tests (acronyms must be explained), records and procedures are appropriate here.
4. Enter the date of the IFSP meeting, the date of the previous placement/service determination, and the date of the current placement/service determination. Check off if the placement/services are based on the IFSP.
5. List and describe placement/service alternatives considered and the reasons they were rejected.
6. List and describe any potential harmful effects on the child or on the quality of services that might result from the selected placement/services.
7. Check yes or no and explain if no. List the activities that are available to a nondisabled child that are not available to this child.
8. Check yes or no and explain if no.
9. List and describe aids and services used or attempted to maintain the child in the home, day care, or community preschool.
10. Enter the location of the child's placement/services and the type of service.
11. Place a copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Placement/Service Determination
Form ECSE-20

Child's Name ① _____

1. The determination of the nature and location of services is made by a group of persons, including a person knowledgeable about the child, the meaning of the evaluation data and the service options. The multidisciplinary team by name and title:

   ②

2. The determination of the nature and location of services is based on documented information that is carefully considered from a variety of resources. List information used and the sources below:

   ③

3. The service is based on the IFSP, **after** the development of the IFSP and is determined at least annually.
   ④
   Date of IFSP meeting _____ Date of previous service determination _____

   Date of current service determination _____

   ❒ The child's current services are based on the IFSP and were determined after the IFSP was developed.

4. The team considered various service alternatives to the extent necessary to implement the child's IFSP. Describe service alternatives considered and the reasons, if any were rejected.

   ⑤

5. The team considered any potential harmful effects on the child or on the quality of services the child needs. If there are any potential harmful effects on the child or on the quality of services, describe them.

   ⑥

6. The location and nature of services provides an opportunity for the child to participate in activities with peers without disabilities. ⑦

   ❒ Yes ❒ No If no, please explain.

7. The services are delivered as close as possible to the child's home. ⑧

   ❒ Yes ❒ No If no, please explain.

8. Special education preschool classrooms or other removal of children with disabilities from their regular home, day care, or preschool environments only occurs when the nature or severity of the disability is such that the early childhood special education services in the regular home, day care, or preschool setting with the use of supplementary aids and services cannot be achieved satisfactorily. Describe the aids and services that are used or were attempted to maintain the child in the regular environment.

   ⑨

9. The following is a description of the child's service(s): ⑩

   Location _____ Type of service(s) _____

Enclosure: *Parent Rights*
cc: Child's File ⑪

Form 581-5149S-X (New 7/92)

BEST COPY AVAILABLE

Prior Notice of Reevaluation and/or Consent for Intelligence or Personality Testing Form ECSE-21

Instructions

Purpose

This form is used to:

- meet requirements of 34 CFR 300.504(a), 34 CFR 300.505, ORS 343.531, ORS 343.527, OAR 581-15-940, and OAR 581-15-075 which mandate that the early childhood special education program provide the parent with an explanation regarding why it plans to reevaluate, what options were considered and why any of the options were rejected; and
- meet the requirements of OAR 581-21-030(2)(a) which mandates that before administering individual intelligence tests or personality tests, parents shall be informed and consent in writing.

NOTE: Form ECSE-22 can be used as the prior notice form rather than this form. Both forms meet the regulations. However, if Form ECSE-22 is used, consent must be granted on a separate form if intelligence or personality testing is planned.

Directions

1. Check the box or boxes that apply. You may end up checking both if you want to do intelligence and/or personality testing in your reevaluation. Prior notice must always be given. Consent is only needed on this form if the program plans to conduct an individual intelligence test or personality tests as part of the evaluation.
2. Enter child's complete legal name; do not use a nickname.
3. Indicate reasons for the reevaluation by checking a box next to the explanation which best describes the reason for this reevaluation.
4. Provide reasons why no other options were considered prior to conducting this reevaluation. If the multidisciplinary team is considering a significant change in programming/placement, explain what program/placement options have been tried and/or those that do not seem feasible.
5. Explain why no options will be considered until the results of the reevaluation are reviewed. If you are considering a significant change in program/placement, provide a description of any options that were considered and reasons why those options were rejected before it was decided that a significant change of placement must be considered.
6. Add any other relevant information here.
7. This section meets the requirements for 34 CFR 300.505, ORS 343.527, and OAR 581-15-075. The law requires a description of each evaluation, procedure, test record or report used as a basis of a proposed evaluation. Indicate the areas to be tested from the list below. You must name and describe each test used. Also indicate if you are using observation, review of parent reports, previous testing, or medical information for a particular area. Acronyms must be explained.

   - cognitive development
   - social/emotional/behavior
   - expressive language
   - receptive language
   - gross motor
   - fine motor
   - self-help
   - medical/health
   - vision
   - hearing

8. This box is checked only if notice is required. Parent signature is not required for reevaluation unless the program conducts an individual intelligence test or personality test as part of the reevaluation.
9. Check this box if consent is required because an individual intelligence or personality testing is needed.
10. This section must be signed and dated by the parent/guardian/surrogate parent before an intelligence or personality test is given.
11. Place a copy of this form in the child's file.

Enclosure: *Parent Rights*

Date Initiated _____
Mo Day Yr

①

❒ Prior Notice of Reevaluation and/or
❒ Consent for Intelligence or Personality Testing
Form ECSE-21

Dear _____:

As you know ② _____ is currently receiving early childhood special education services. We plan to reevaluate your child because:

③

- ❒ We are required to consider your child's eligibility for early childhood special education.
- ❒ We need more information for program planning.
- ❒ We are considering a significant change of placement.
- ❒ Other _____

Other placement options we considered

④

We decided against these options because

⑤

Any other additional information considered by the multidisciplinary team

⑥

This reevaluation may result in (1) your child continuing in his/her present placement, (2) the IFSP team recommending a change in placement, or (3) a recommendation that your child not receive services.

The evaluation procedures, assessment, and/or tests we plan to use include the following:

⑦

⑧

❒ It is not necessary for you to sign this form and return; this is not an initial evaluation or individual intelligence or personality testing. Thank you for assisting the program in meeting your child's education needs.

⑨

❒ Your written permission is required because this is an individual intelligence or personality testing.

⑩ I understand that the granting of consent is voluntary and may be revoked at any time.

- ❒ Permission is given to evaluate.
- ❒ Permission is denied to evaluate.

Parent/Guardian/Surrogate	Date	Work Phone	Home Phone
_____	_____	_____	_____

Enclosure: *Parent Rights*
cc: Child's File ⑪

Form 581-5149T-X (New 7/92)

Prior Notice of Proposal or Refusal to Initiate a Change
Form ECSE-22

Instructions

Purpose

This form is used to:

- meet requirements of 34 CFR 300.504(a)(1), 34 CFR 300.505, ORS 343.527, ORS 343.531, OAR 581-15-940, and OAR 581-15-075 which mandate that the program provide the parent with advance notice of a change in the identification, evaluation, placement, IFSP, or in the provision of an early childhood special education for the child, which contains an explanation regarding why it plans to initiate the change, what options were considered, and why any of the options were rejected;
- meet the requirements of OAR 581-21-075, OAR 581-15-940, and ORS 343.531 that parents be informed about their procedural safeguards whenever they are notified about a change in the identification, evaluation, placement, IFSP, or the provision of an early childhood special education for their child; and
- meet the requirement of OAR 581-15-075 which mandates that a comprehensive reevaluation is required whenever there is a proposal to significantly alter a child's program or placement.

NOTE: This form may be used for situations in which the child's placement/IFSP changes or because the multidisciplinary team has declared him/her no longer eligible and in need of early childhood special education services or where the individual family service plan (IFSP) team has decided that new IFSP goals and objectives are needed or can be better met in an educational program or placement different from the current one. Form ECSE-2 may be used rather than this form for initial evaluation. Form ECSE-16 may be used rather than this form for initial placement. Form ECSE-21 may be used rather than this form for reevaluation.

Directions

1. Check the change that you are initiating.
2. Enter child's complete legal name; do not use a nickname.
3. Indicate which team has made a decision to change. Circle team which made the decision. NOTE: A multidisciplinary team has to make the decision to make any change in the placement.
4. Describe the proposed change.
5. Describe the reasons for the proposed change. Refer to current evaluation information to make certain that reasons for the change are supported by the evaluation information.
6. Explain what options have been tried. Make certain that the options considered are supported by the evaluation information.
7. Explain why those options did not seem feasible. Make certain that the options rejected are supported by the evaluation information.
8. Add any other relevant information here. Include a description of each evaluation procedure, test, record, or report used in the decision to initiate or refuse the change.
9. The person sending the form signs here.
10. Enter the title of the person signing the letter.
11. Enter the address and phone number where the individual signing the form can be reached.
12. Place a copy of this form in child's file.

Enclosure

Parent Rights

Date Initiated _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change
Form ECSE-22

Check all that apply: ①

❒ Identification/Evaluation ❒ Individual Family Service Plan
❒ Placement ❒ Provision of Early Childhood Special Education

Dear _____:

Based on recent evaluation information for ② _____, the
(Child's Full Name)
③ IFSP/multidisciplinary team (circle one) has determined the following change for your child:

④

The team decided on this change because:

⑤

Other options we considered were:

⑥

We rejected these options because:

⑦

Additional information considered by the team including a description of each evaluation procedure, test, record or report:

⑧

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(phone)

_____.
(address)

Sincerely,

Signature ⑨ _____ Position ⑩ _____

Address ⑪ _____

Phone ⑪ _____

Enclosure: *Parent Rights*
cc: Child's File ⑫

Form 581-5150G-X (New 7/92)

Permission to Obtain and Release Information
Form ECSE-23

Instructions

Purpose

This form is used to:

- obtain the parent signature in order to obtain or release information contained in the child's file; and
- meet the requirements of 34 CFR 300.571, 45 CFR 99.30, and OAR 581-15-1010 regarding parent consent to release confidential information.

Directions

1. Enter the name of the parent, surrogate parent, or guardian.
2. Circle either "obtain" or "release."
3. Enter child's complete legal name; do not use a nickname.
4. Enter your phone number.
5. Enter your name and title.
6. Indicate the school, agency or person(s) who will release the information.
7. Indicate the school, agency or person(s) who will receive the information.
8. Enter the purpose or reason for the disclosure.
9. Enter child's complete legal name; do not use a nickname.
10. Enter child's date of birth (month/day/year)
11. Check off the information requested to be released.
12. Send a copy to the parent, surrogate parent, or guardian. Keep a copy in the child's file until the signed copy from the parent is returned. Once the signed copy is returned, place it in the child's file.

Date Initiated _____
Mo Day Yr

Permission to Obtain and Release Information
Form ECSE-23

Dear ① _____:

In order for us to obtain/release (circle one) information regarding your child,
② ③ _____, please complete and return
(Child's Full Name)
one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at ④ _____.

Sincerely,

⑤ _____ ⑤ _____
Name of Contact Person Title of Contact Person

Parent Permission to Obtain or Release Information

I, the undersigned, hereby request and authorize ⑥ _____

_____

to release to ⑦ _____

_____

the information which I have indicated below, for the purpose of ⑧ _____

_____

Name of Child ⑨ _____ Date of Birth ⑩ _____

⑪ ☐ Official early intervention/early childhood special education records (identifying information, eligibility documents, progress reports, correspondence).
- ☐ Medical and/or related records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individual family service plan
- ☐ Other (specify) _____

_____ _____
Signature of Parent/Legal Guardian Date

cc: Child's File ⑫

Form 581-5150H-X (New 7/92)

Program/School Officials Having Access to Records
Form ECSE-24

Instructions

Purpose

This form is used to:

- meet the requirements of 34 CFR 300.572 regarding the school district or educational program keeping a list of those employees who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent or guardian.

Directions

1. Enter the current school year.

2. List those employees and their positions who may have access to personally identifiable information.

This list may be posted on the file cabinet, in a file, or in a place where it i accessible to the "keeper of the records."

Date Initiated _____
Mo Day Yr

Program/School Officials Having Access to Records
Form ECSE-24

①_____ **School Year**

Following is a current list of the names and positions of those officials (including teachers) in the district who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent or legal guardian. As required by the Buckley Amendment (45 CFR Part 99.5), the records policy specifies the criteria for determining which parties are "officials" and what the program considers to be "a legitimate educational interest."

NOTE: The requirement to maintain a record of parties requesting or gaining access to a student's records does *not* apply to the following persons.

② Name	Position	Name	Position

Form 581-5149U-X (New 7/92)

Record of Request for or Disclosure of Records
Form ECSE-25

Instructions

Purpose

This form is used to:

- meet the requirements of 34 CFR 300.563 and 45 CFR 99.32 regarding the disclosure of student records.

Directions

This form should be completed by any person reviewing the child's file except for disclosures to a parent or guardian, requests by or disclosures to an authorized employee, disclosures pursuant to the written consent of a parent or guardian, or requests for or disclosures of directory information.

A copy should not be kept in the child's file unless it is in a sealed envelope. This form may be inspected only by: (a) the parent of the child, (b) the official and assistants who act as custodians of the records, and (c) authorized parties who are responsible for auditing recordkeeping procedures of the program.

Date Initiated _____
Mo Day Yr

Record of Request for or Disclosure of Records
Form ECSE-25

Child's Full Name _____ Birth Date (mo/day/yr) _____

As required by law, the program maintains a record of all requests for and disclosures of personally identifiable information from the educational records of each child. The information below must be completed except for disclosures to a parent or guardian, requests by or disclosure to an authorized employee, disclosures pursuant to the written consent of a parent or guardian, or requests for or disclosures of directory information.

_____ _____
Party Requesting or Obtaining Information Date Access Granted

Legitimate Interest/Purpose of Party in Requesting or Obtaining Information _____

_____

_____

_____

NOTE: According to the Family Education Rights and Privacy Act, this record of disclosure may be inspected only by: (a) the parent of the child, (b) the official and assistants who act as custodians of the records, and (c) authorized parties who are responsible for auditing recordkeeping procedures of the program.

Appendix A

Parent Rights in Early Childhood Special Education

Parent Rights in Early Childhood Special Education

Early childhood special education (ECSE) is a program provided through the Oregon Department of Education to children in Oregon, ages three until school-age who experience developmental delays or disabilities. This program provides specially designed instruction to meet the unique needs of a child. It does not provide all or other services that the child and family may receive. The following is a list of rights which parents have relating to the education of their preschool child with a disability.

Individual Family Service Plan

The individual family service plan (IFSP) is the written educational plan for your child. You and the service providers design the IFSP together and review it yearly.

You have the right to:

1. Take part in the meeting to write the IFSP;
2. Receive written notice early enough so you can attend;
3. Have the meeting at a time and place which allow you to attend;
4. Bring someone (advocate, friend, case manager) to the meeting;
5. Take part in the meeting in another way, such as by phone, if you cannot get to the meeting;
6. Receive a copy of your child's IFSP if you ask.

Notice

You have the right to:

1. Receive a written notice at least seven (7) days before your child's service provider **proposes** or **refuses** to initiate or change the identification, evaluation or educational placement of your child, or the provision of free, appropriate public education to your child. The notice shall include:

   a. A copy of your rights;
   b. A description of the action the service provider proposes or refuses including telling you:
      - why the service provider wants to do something or why they are refusing to do it;
      - about other choices the service provider discussed;
      - why the service provider rejected those choices;
      - about any other information the service provider used in making its decision.

2. Receive the notice in writing most people can understand. If you do not speak English, the service provider must translate the notice into your native language or communicate the information to you in some way. If you cannot communicate in writing, the service provider must read the notice to you out loud or give you the information by other means and show that you understand what is in the notice.

Surrogate Parents

A "surrogate parent" is a person who stands in for the parent to make decisions about the child's education. A "parent" is the child's natural or adoptive parent, guardian, or a person acting as a parent (e.g., child living with relatives).

1. The service provider must appoint a surrogate parent when:

   a. The parent cannot be identified;
   b. The parent cannot be found after reasonable efforts; or
   c. The child is a ward of the state and there is reasonable cause to believe that the child has a disability.

2. The surrogate parent protects the rights of the child. The surrogate may represent the child in all matters relating to a free, appropriate public education including identification, evaluation, and educational placement.

3. A surrogate parent shall have no interest that conflicts with the interest of the child. The surrogate must have knowledge and skills that ensure effective representation. The surrogate shall not be an employee of any agency involved in the care or education of the child.

Written Consent

Written consent means that you agree to and approve of certain services for your child.

You have the right to:

1. Receive complete information so you are able to understand what will be happening with your child and why.

2. Agree through written consent before the service provider evaluates your child for the first time to see if he/she has an educational disability.

3. Agree through written consent before your child receives early childhood special education services for the first time.

4. Agree through written consent before your child receives a personality or intelligence test.

5. Refuse, withhold, or revoke consent.

6. Be informed that if you refuse to give your written consent, the service provider may ask for a hearing to evaluate your child and provide early childhood special education services.

Evaluation Procedures

You have the right to:

1. A full and individual evaluation of your child's educational needs before the service provider initially places your child in a special education program. Your child must be tested in all areas related to the suspected disability(ies). The tests and other evaluation materials must be given:

   a. In your child's language unless it is clearly not possible to do so.
   b. By trained persons according to the instructions by the test makers and used for the purpose for which the tests were made.
   c. So that the test results correctly reflect your child's aptitude or achievement level rather than reflect a sensory impairment your child has.
   d. So that they are not culturally or racially discriminatory.

2. Have the evaluation made by a group of persons, including at least one person who has knowledge in each area of suspected disability, which:

a. Ensures that the evaluation is designed to assess specific areas of educational need. The evaluation must include more than an intelligence test;
b. Ensures that no single test is used on which to make a decision;
c. Ensures that data from the evaluation is carefully considered; and
d. Ensures that your child is placed in the least restrictive environment.

3. Have your child reevaluated at least every three years, and more frequently if conditions warrant, or if you or the child's teacher requests an evaluation.

4. Ask that an independent educational evaluation be done at no cost to you if you do not agree with the evaluation that has been completed by the service provider. If you ask, the service provider must give you information about how and where to get an independent evaluation.

   a. The service provider may take you to a due process hearing to show that its evaluation is appropriate.
   b. If a due process hearings officer requests an independent educational evaluation as part of the hearing, you cannot be charged for the evaluation.
   c. If the final decision in the hearing is that the service provider's evaluation is appropriate, you still have the right to an independent educational evaluation, but you must pay for it.
   d. Whenever the service provider makes decisions about your child, it must consider the independent evaluations even if you pay for them. You may present the results of an independent educational evaluation at a due process hearing.

Records

At times, it is important for you to review your child's files.

You have the right to:

1. Look at your child's education records in the presence of someone qualified to explain them to you:

   a. Without delay unless the service provider cannot avoid it;
   b. Before any meeting or hearing about your child's special education; and
   c. No later than 45 calendar days after you ask.

2. Ask for a list and the location of the kinds of education records the service provider collects, maintains or uses.

3. Ask the service provider to give you copies of records if you have no other way to look at the records. The service provider may charge you for the copies, unless the charge would keep you from looking at the records. The service provider may not charge you a fee to search for or to collect the records.

4. Have someone else look at the records with your written consent.

5. In some instances, give or withhold consent to give other people information in your child's records. *(Check your local records policy.)* If you move, the service provider must get written consent from you before it transfers behavioral records to the new school. Behavioral records include evaluations and other information about your child.

6. Be informed that the service provider must keep a record of the persons who receive information from your child's record.

7. Look at only the information relating to your child, even if the record contains information about another child.

8. Ask the service provider to amend the information in the record if you believe that it is not correct, is misleading, or violates your child's privacy. The service provider must give you its decision within a reasonable time after it receives your request.

9. A hearing if the service provider refuses to amend the record as you asked.

10. Place a statement in the records stating why you do not agree with the service provider's record.

11. Be informed before the service provider destroys your child's records.

12. Have records destroyed which are no longer needed to provide educational services to your child.

Placement in the Least Restrictive Environment

You have the right to:

1. Be part of the multidisciplinary team that determines where your child will receive the early childhood special education services.

2. Have your child placed in early childhood special education services based on his/her IFSP and have that placement reviewed annually.

3. Have the team review the community's array of services before determining where your child will be placed.

4. Have the types of support your child may need considered when deciding on educational placement.

5. Have consideration of any potential harmful effects that an educational placement may have on your child.

6. Have consideration of what modifications may be needed by your child to implement his/her IFSP.

7. Have your child's services provided in the types of settings in which children without disabilities would participate to the extent determined appropriate by the multidisciplinary team.

Resolving Disagreements About the Education of Your Child

Your child has the right to a free, appropriate public education if he/she is eligible for early childhood special education. At times you may disagree with the identification, evaluation or proposed placement of your child or how the service provider delivers services to your child. Every attempt should be made to resolve these disagreements as they arise through informal meetings with your child's service provider as soon as they arise.

If you are not satisfied, you may do any of the following:

Grievance Procedure

File a complaint with the service provider if you believe your child has been discriminated against because of his/her disability. You may also file a written request for a hearing with the State Superintendent of Public Instruction, Oregon Department of Education, 700 Pringle Parkway SE, Salem, Oregon 97310-0290. Include your name, address, and phone number.

Mediation

Ask the service provider or the Oregon Department of Education (378-3598) to appoint a mediator to help resolve the dispute. A mediator is a trained person not involved with your service provider. The mediator will sit down with you and the service provider, if you both agree, to try to work out an agreement. Mediation is strictly voluntary and free. You are not required to go through it before asking for a hearing or filing a written complaint

Written Complaint to the Oregon Department of Education

If you believe that the service provider has violated a federal procedural law with respect to the provision of early childhood special education services, you may file a written complaint with the State Superintendent of Public Instruction, Oregon Department of Education, 700 Pringle Parkway SE, Salem, Oregon 97310-0290. Include your name, address, and phone number.

Due Process Hearing

You have the right to:

1. Ask for a due process hearing on any matter relating to the proposal or refusal of a service provider to initiate or change the identification, evaluation, educational placement, or free appropriate public education of your child. Send a **written** request for a hearing to the State Superintendent of Public Instruction, Oregon Department of Education, 700 Pringle Parkway SE, Salem, Oregon 97310-0290. Include your name, address and phone number.

2. Have the hearing conducted by an impartial hearings officer who is not employed by any agency involved in the education of your child. The hearings officer may not have a personal or professional conflict of interest.

3. Have the hearing set at a time and place which allow you to attend. During the hearing process, you have the right to:

    a. Attend and be advised by counsel and by persons with special knowledge or training about preschool children with disabilities.
    b. Present evidence and confront, cross-examine, and compel the attendance of witnesses.
    c. Prohibit the introduction of any evidence at the hearing that has not been disclosed at least five days prior to the hearing.
    d. Obtain a written or taped record of the hearing.
    e. Open the hearing to the public, if you wish.
    f. Have your child present during the hearing.
    g. Receive a decision no later than 45 calendar days after you asked for the hearing. The hearings officer may extend the timeline if asked by one of the parties.

4. Be informed of any free, low-cost legal or other relevant services (e.g., names of expert witnesses) if you request the information or the service provider initiates a due process hearing.

5. Have your child remain in his/her current educational placement unless you agree in writing to other arrangements.

6. Appeal the decision to court or bring a civil action. The service provider also has the right to appeal. If you are successful, you may be awarded your reasonable attorney's fees.

For further information, call:

The Oregon Department of Education, 378-3598

Appendix B

Photocopy Ready Forms

S1

Date Initiated _____
Mo Day Yr

Referral for Early Childhood Special Education Evaluation

Child Name _____ Birth Date (mo/day/yr) _____

Parent or Guardian Name _____ Phone: w/ _____ h/ _____

Address _____

Referring Party _____ Phone _____

Current Program _____ Resident School District _____

1. Check the specific area of concern. Next to each area of concern list the information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

   ☐ Cognitive Development _____
   ☐ Receptive Language _____
   ☐ Expressive Language _____
   ☐ Gross Motor Development _____
   ☐ Fine Motor Development _____
   ☐ Social, Emotional, Behavioral Development _____
   ☐ Self-help Skills _____
   ☐ Hearing _____
   ☐ Vision _____

2. Review any information provided which will assist the MDT:

   Previous history in area of concern _____

   _____

   Previous report(s) _____

   Health status _____

   Primary language _____

3. Describe any interventions used to try to remediate the problem _____

   _____

   _____

   _____

All referrals must be filled out in full and accompanied by a current, signed Permission to Obtain and Release Information (Form 581-5150H), for exchange of information and pertinent records.

Action by MDT:

Describe what action will be taken _____

Indicate who will take the action and when _____

Indicate the date the parent was notified of this referral (mo/day/yr) _____

Date Initiated _____ _____ _____
Mo Da Yr

Prior Notice and Consent for Initial Evaluation

Dear _____:

As you know, _____ has been referred for testing to
(Child's Full Name)
determine eligibility for early childhood special education services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within _____ days.

We plan to evaluate your child because:

Other options we considered were:

We decided against those options because:

Any other additional information considered by the multidisciplinary team:

The evaluation procedures, assessment, and/or tests we plan to use include the following:

We propose to evalute your child on _____ at _____ at _____.

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)
_____.
(Address)

Sincerely,

Signature _____

Name (please print) _____

Title _____

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
(page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation. (optional)

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent

Please return this form to _____ at _____.

Date received by program _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Early Childhood Special Education

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

Check one:

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for early childhood special education. The determination is based upon the following eligibility requirements:

☐ The child is three years of age to eligibility for entry into kindergarten and experiences a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following skill areas:

- ☐ Cognitive development
- ☐ Receptive language
- ☐ Expressive language
- ☐ Gross motor development
- ☐ Fine motor development
- ☐ Social, emotional, or behavioral development
- ☐ Self-help skills

– AND –

☐ The child has a **need** for early childhood special education services.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Skill assessment reports
- ☐ Observation reports
- ☐ Other information

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Visual Impairment

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of visually impaired.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of visually impaired. The determination is based upon **one or more** of the following eligibility requirements:

- ☐ The child's residual acuity is 20/70 or less in the better eye with correction.
- ☐ The child's visual field is restricted to 20 degrees or less in the better eye.
- ☐ The child has an eye condition, either an eye pathology or a progressive eye disease, which in the opinion of the ophthalmologist or optometrist is expected to reduce either acuity or field to the criteria stated above.
- ☐ The child is unable to be adequately tested or demonstrates inadequate functional vision.

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ☐ Ophthalmology or optometry report (required)
- ☐ Functional vision assessment report or informal observation (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Hearing Impairment

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of hearing impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of hearing impaired. The determination is based upon **one or both** of the following eligibility requirements:

❒ The child has a pure tone average loss of 25dbHL or greater in the better ear for frequencies of 500, 1000, and 2000 Hz or a pure tone average loss of 35dbHL or greater in the better ear for frequencies of 3000, 4000, and 6000 Hz. The loss can be sensorineural or conductive, if the conductive loss has been determined to be currently not treatable by a physician (see attached report from licensed audiologist).

❒ A child with unilateral hearing impairment will be considered for eligibility on an individual basis if the child has a significant educational deficit that can be attributed to the hearing loss.

Disability: ❒ Primary ❒ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ❒ Audiological report (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Speech/Language Impairment

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

❑ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of speech/language impaired.

❑ The multidisciplinary team has determined that the above-named child **is eligible** for and nee[illegible] early childhood special education in the category of speech/language impaired. The determination is based upon **one or more** of the following eligibility requirements:

❑ **Articulation Disorder** — The child, given a test of articulation competence following developmental norms, exhibits disordered misarticulations of one or more phonemes and the articulation disorder interferes with communication, and calls attention to itself.

❑ **Voice Disorder** — The child demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch, quality, intensity, and/or resonance (see attached physician's statement).

❑ **Fluency Disorder** — The child demonstrates an interruption in the rhythm and/or rate of speech, which is characterized by hesitations, repetitions, and/or prolongations of sounds, syllables, words, or phrases and the disorder interferes with communication and calls attention to itself.

❑ **Language Disorder** — The child demonstrates a significant delay in one or more of the following areas as indicated by standard tests and/or language samples such to interfere with the child's educational progress:
❑ phonology ❑ morphology
❑ syntax ❑ semantics
❑ pragmatics

Disability: ❑ Primary ❑ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	❑	❑
_____	_____	❑	❑
_____	_____	❑	❑
_____	_____	❑	❑
_____	_____	❑	❑

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
❑ Speech and language assessment (required)
❑ Statement by an otolaryngologist or other physician (required)
❑ Hearing screening (required)
❑ Language sample (optional)
❑ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Orthopedic Impairment

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of orthopedically impaired.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of orthopedically impaired. The determination is based upon **both** of the following eligibility requirements:

- ☐ The child has a motor disability and requires early childhood special education.
- ☐ The condition is permanent or is expected to last for more than sixty (60) calendar days.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ☐ Statement by a pediatrician or other physician (required)
- ☐ Motor assessment (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility and MDT Report — Learning Disability

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of learning disability.

The discrepancy or deficit is primarily the result of:

☐ A visual, hearing, or motor disability
☐ Mental retardation
☐ Emotional disturbance
☐ Environmental, cultural, or economic disadvantage

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of learning disability. The determination is based upon the following eligibility criteria:

☐ There is a severe discrepancy between achievement and intellectual ability which is **not correctable** without early childhood special education and related services in **one or more** of the following areas:

☐ Oral expression
☐ Listening comprehension
☐ Written expression
☐ Reading comprehension
☐ Math calculations
☐ Basic reading skills
☐ Math reasoning

☐ And/or there is evidence of a deficit in one or more of the following areas which prevents the child from profiting adequately from regular classroom methods and materials without early childhood special education:

☐ Perception
☐ Conceptualization
☐ Language
☐ Memory
☐ Skills
☐ Control of attention

Classroom observation: Date _____ Time _____

By _____ Title _____

Relevant behavior noted and the relationship of that behavior to the child's academic functioning:

_____

_____

Educationally relevant medical findings, if any _____

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

☐ Assessment results as appropriate: health, vision, hearing, social and emotional status, communicative status, and motor abilities (required)
☐ Physician's statement (if necessary)
☐ General intelligence assessment results (required)
☐ Academic/achievement assessment results (required)
☐ Observation reports (required)
☐ Recommendations by the MDT (optional)
☐ Other information

cc: Child's File

Form 581-5149H-X (New 7/92)

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Serious Emotional Disturbance

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of seriously emotionally disturbed.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of seriously emotionally disturbed. The determination is based upon the following eligibility requirements:

The child's emotional problems shall have existed over an extended period and to such a degree as to significantly interfere with the child's educational progress, and the child exhibits **one or more** of the following:

- ☐ An inability to learn at a rate commensurate with the child's intellectual, sensory-motor and physical development.
- ☐ An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers.
- ☐ A variety of excessive behavior ranging from hyperactive, impulsive responses, to depression and withdrawal.
- ☐ Inappropriate types of behavior or feelings under normal circumstances.
- ☐ A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

Children who are socially maladjusted may **not** be identified as seriously emotionally disturbed unless the child also meets the eligibility criteria listed above.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Physician's statement (required)
- ☐ Psychological report (when appropriate)
- ☐ Observation report (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Mental Retardation

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of mental retardation.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of mental retardation. The determination is based upon **all** of the following eligibility requirements:

- ☐ The child's intelligence test score is two or more standard deviations below the mean on a standardized intelligence test administered in accordance with OAR 581-15-072.
- ☐ The child has deficits in adaptive behavior coexistent with impairments in intellectual functioning.
- ☐ The child's developmental level or educational achievement is significantly below age or grade norms.
- ☐ It has been determined that the child's educational problems are not primarily the result of sensory disabilities and/or physical factors.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Standardized individual intelligence test results (required)
- ☐ Statement by a pediatrician or other physician (required)
- ☐ Developmental history (required)
- ☐ Standardized individual educational performance test results (required)
- ☐ Adaptive behavior test results (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Date Initiated _____ _____
Mo Day Yr

Statement of Eligibility — Autism

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____ _____

❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of autism.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of autism. The determination is based upon having **four of the five** indicators listed below:

- ❒ The child exhibits impaired or deviant comprehension and/or use of language.
- ❒ The child exhibits impaired abilities to relate to people or the environment.
- ❒ The child exhibits or previously exhibited disturbances in responses to sensory stimuli.
- ❒ The child exhibits or previously exhibited disturbances in developmental rates and/or sequences.
- ❒ The child exhibits a significant rating on a standardized autism rating scale.

AND

- ❒ It has been determined that the educational problems are not primarily the result of sensory disabilities and/or other physical problems.

Disability: ❒ Primary ❒ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ❒ Developmental history (required)
- ❒ Observation reports (3 — 20 minutes each required)
- ❒ Speech and language assessment report of functional communication (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Form 581-5149K-X (New 7/92)

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Deaf/Blind

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of deaf/blind.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of deaf/blind. The determination is based upon **one or more** of the following eligibility requirements:

- ☐ The child meets the criteria for visual and hearing impairment in accordance with OAR 581-15-051 per attached documentation. (Forms ECSE-4 and ECSE-5)
- ☐ The child exhibits inconsistent or inconclusive responses during hearing and/or vision evaluations.
- ☐ The child exhibits inconsistent responses to auditory and/or visual stimuli in the environment.
- ☐ The child has degenerative pathology or disease that will affect vision and/or hearing acuity.

Continuation of eligibility status for more than one year for a child suspected of deaf/blind will require a written statement by the multidisciplinary team concerning the status of the suspected visual or auditory impairment. The statement will confirm/deny/continue the child's eligibility status based upon behavioral and observational data compiled over the period of the review. [OAR 581-15-051(9)(d)]

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Statement of Eligibility — Visually Impaired, Form 581-5149D (ECSE-4) and attachments (required if first box is checked)
- ☐ Statement of Eligibility — Hearing Impaired, Form 581-5149E (ECSE-5) and attachments (required if first box is checked)
- ☐ Written statement of child's visual or auditory impairment status (required if eligibility is more than one year)

cc: Child's File

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Other Health Impairment

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

❒ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of other health impaired.

❒ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of other health impaired. The determination is based upon **both** of the following eligibility requirements:

- ❒ The child's health condition requires early childhood special education.
- ❒ The child's condition is permanent or is expected to last for more than sixty (60) calendar days.

The child's health impairment is _____

Disability: ❒ Primary ❒ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒
_____	_____	❒	❒

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ❒ Assessment results showing the impact of the child's health impairment on his/her educational performance (required)
- ❒ Physician's statement (required)
- ❒ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Child's File

Form 581-5149M-X (New 7/92)

Date Initiated _____
Mo Day Yr

Statement of Eligibility — Traumatic Brain Injury

Child Name _____ Birth Date (mo/day/yr) _____

Program _____ Resident District _____

☐ The multidisciplinary team has determined that the above-named child **is not eligible** for early childhood special education in the category of traumatic brain injury.

☐ The multidisciplinary team has determined that the above-named child **is eligible** for and needs early childhood special education in the category of traumatic brain injury. The determination is based upon **both** of the following eligibility requirements:

- ☐ The child had a traumatic brain injury which adversely affects educational performance and requires early childhood special education.
- ☐ The condition is permanent or is expected to last for more than 60 calendar days.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Psychological test results (required)
- ☐ Motor test results (required if child exhibits motor impairments)
- ☐ Speech/language test results (required if child exhibits communication disorders)
- ☐ Observation reports (2 — required)
- ☐ Adaptive behavior test results (required)
- ☐ Pre-injury performance information (required)
- ☐ Physician's statement (required)
- ☐ Psychosocial test results (required if student exhibits changed behavior)

cc: Child's File

Date Initiated _____
Mo Day Yr

Physician's Statement

Child _____ Birth Date _____

Physician, please examine the child in relation to the suspected disability which has been checked, and provide the information requested for that condition.

Visual Impairment ____

Yes ☐ No ☐ The child's residual acuity is 20/70 or less in the better eye with correction.

☐ ☐ The child's visual field is restricted to 20 degrees or less in the better eye.

☐ ☐ The child has an eye condition, either an eye pathology or a progressive eye disease, that is expected to reduce either acuity or field to one of the above criteria.

☐ ☐ The child is unable to be adequately tested, but demonstrates inadequate functional vision.

Diagnosis _____
Comments _____

Hearing Impairment ____

Is ☐ Is Not ☐ The child's conductive hearing loss is/is not currently treatable.

☐ ☐ The use of amplification is or is not appropriate.

Diagnosis _____
Comments _____

Speech/Language Impairment ____

Yes ☐ No ☐ The child has a voice disorder or other speech and language problem.

Diagnosis _____
Comments _____

Serious Emotional Disturbance ____

Are ☐ Are Not ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Orthopedic Impairment ____

Yes ☐ No ☐ The child has a motor disability.

☐ ☐ The condition is permanent or is expected to last for more than 60 calendar days.

Diagnosis of motor disability or description of motor limitations _____
Comments _____

Learning Disability ____

Are ☐ Are Not ☐ The student's learning disability is the result of a visual, hearing, motor disability, mental retardation, or emotional disturbance.

Diagnosis _____
Comments _____

Mental Retardation ____

Are ☐ Are Not ☐ There are/are not sensory factors contributing to the child's educational problems.

☐ ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Autism ____

Are ☐ Are Not ☐ There are/are not physical factors contributing to the child's educational problems.

Diagnosis _____
Comments _____

Deaf/Blind ____

Are ☐ Are Not ☐ There are/are not medical conditions affecting vision and hearing.

Diagnosis _____
Comments _____

Other Health Impairment ____

Yes ☐ No ☐ The health impairment is permanent or is expected to last for more than 60 days.

Diagnosis or description of health impairment _____
Comments _____

Traumatic Brain Injury ____

Yes ☐ No ☐ The child had a traumatic brain injury which adversely affects educational performance and requires early childhood special education.

☐ ☐ The condition is permanent or is expected to last for more than 60 days.

Diagnosis _____
Comments _____

Please sign and return to _____
at _____

_____ _____
Physician's Signature Date

cc: Child's File

Form 581-5149O-X (New 7/92)

BEST COPY AVAILABLE

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Placement in Early Childhood Special Education

Dear _____:

The multidisciplinary team has found _____ eligible to receive early childhood special education services. These services will be described in the Individual Family Service Plan (IFSP) which will be written for your child. The multidisciplinary team recommends placement in early childhood special education.

We recommend placement in early childhood special education because:

Other placement options we considered:

We rejected these options because:

Additional information considered by the multidisciplinary team:

The following procedure(s), test(s), record(s) or report(s) were relevant to the proposed placement of your child in early childhood special education.

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(Phone)

_____.
(Address)

Sincerely,

Signature _____

Printed Name _____

Title _____

Date Initiated _____
Mo Day Yr

Prior Notice and Consent for Initial Placement in Early Childhood Special Education (page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for this placement in special education. Please call if you have any questions.

CONSENT FOR INITIAL PLACEMENT

I give my permission for placement in early childhood special education as described on page 1 of this form. I understand that my consent is voluntary and that it may be revoked for any reason during the initial placement process which ends at the time the next IFSP is written.

_____ _____
Signature of Parent/Guardian/Surrogate Parent Mo Day Yr

OR

NO CONSENT FOR INITIAL PLACEMENT

Please complete this section and sign here if you **do not** give permission for this placement. (optional)

I **do not** give permission for this placement. My reason(s) for not giving permission are:

_____

_____

_____

_____ _____
Signature of Parent/Guardian/Surrogate Parent Mo Day Yr

Please return this form to _____ at _____.

Date received by program _____
Mo Day Yr

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Notice of Individual Family Service Plan Meeting

Dear _____:

This is to invite you to a meeting to develop or review an individual family service plan (IFSP) for

_____.
(Child's Full Name)

An IFSP is a plan designed to address the special needs of your child. The development of the IFSP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IFSP meeting, please contact me. The IFSP meeting is scheduled

for _____ at _____ at _____.
(Date) (Time) (Place)

If this is not a convenient time or location, please let _____ know
(Name)

at _____ by _____ and we will reschedule the meeting or talk about other
(Phone) (Date)

ways you can participate.

The people invited to attend are:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature _____

Printed Name _____

Position _____

Address _____

Enclosure: *Parent Rights*
cc: Child's File

Form 581-5150Q-X (New 7/92)

Individual Family Service Plan (IFSP)

Child _____ Birth Date _____

Parent(s)/Guardian _____ Home Phone _____ Work Phone _____

Address _____

IFSP Coordinator/Agency _____ Resident School District _____

Meeting Date _____
Date Eligibility Established _____
Review Date _____
Annual Review _____
Transition Date _____
Transition Plan? ☐ Yes ☐ No
Extended Year Services? ☐ Yes ☐ No

Team Members in Attendance (name/role/phone)	Team Members Not Attending: (name/role/phone)

Extent of participation with nondisabled peers _____

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

I (We) have had the opportunity to participate in the development of this IFSP and accept the plan. _____

Signature(s) _____ Date _____

Individual Family Service Plan (IFSP) (continued)

Summary of Services:

Service/Method	How Often	Where	Who Will Do This	Who Will Pay	Start Date	Stop Date

_____'s Current Developmental Information Summary as of _____

Child's Strengths and Interests

Sources of Information in Developing this IFSP	Pertinent Medical Information
Hearing Screening	Vision Screening

Present Skill Levels

Cognitive	Fine Motor
Communication	Gross Motor
Social	Self-Care

Child's Goals and Objectives

Child _____ Date _____ Developmental Area _____

What we want to happen (long-term goal) _____

_____

Who will work on it _____ Who will keep track of progress _____

How We Will Do It (short-term objectives & criteria)	Evaluation Procedures & Schedule	Family Resources/ Other Resources	Start Date	Review	Annual Review

Family Outcomes

Family _____ Date _____

What we want to happen (outcome) _____

_____

_____

Our family chooses not to identify or address the area of family strengths and outcomes.
Date _____ Initial _____

How We Will Do It (activities)	Family Resources	Other Resources	Start Date	Review	Final Review

Date Initiated _____
Mo Day Yr

Notice of Placement Meeting

Dear _____:

This is to invite you to a meeting to determine the early childhood special education placement for _____ (Child's Full Name). The placement meeting is scheduled for _____ (Date) at _____ (Time) at _____ (Place).

If this is not a convenient time or location, please let _____ (Name) know at _____ (Phone) by _____ (Date) and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

Sincerely,

Signature _____

Printed Name _____

Position _____

Address _____

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Placement/Service Determination

Child's Name _____

1. The determination of the nature and location of services is made by a group of persons, including a person knowledgeable about the child, the meaning of the evaluation data and the service options. The multidisciplinary team by name and title:

2. The determination of the nature and location of services is based on documented information that is carefully considered from a variety of resources. List information used and the sources below:

3. The service is based on the IFSP, **after** the development of the IFSP and is determined at least annually.

   Date of IFSP meeting _____ Date of previous service determination _____

   Date of current service determination _____

   ☐ The child's current services are based on the IFSP and were determined after the IFSP was developed.

4. The team considered various service alternatives to the extent necessary to implement the child's IFSP. Describe service alternatives considered and the reasons, if any were rejected.

5. The team considered any potential harmful effects on the child or on the quality of services the child needs. If there are any potential harmful effects on the child or on the quality of services, describe them.

6. The location and nature of services provides an opportunity for the child to participate in activities with peers without disabilities.

   ☐ Yes ☐ No If no, please explain.

7. The services are delivered as close as possible to the child's home.

   ☐ Yes ☐ No If no, please explain.

8. Special education preschool classrooms or other removal of children with disabilities from their regular home, day care, or preschool environments only occurs when the nature or severity of the disability is such that the early childhood special education services in the regular home, day care, or preschool setting with the use of supplementary aids and services cannot be achieved satisfactorily. Describe the aids and services that are used or were attempted to maintain the child in the regular environment.

9. The following is a description of the child's service(s):

   Location _____ Type of service(s) _____

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

❒ Prior Notice of Reevaluation and/or
❒ Consent for Intelligence or Personality Testing

Dear _____:

As you know _____ is currently receiving early childhood special education services. We plan to reevaluate your child because:

- ❒ We are required to consider your child's eligibility for early childhood special education.
- ❒ We need more information for program planning.
- ❒ We are considering a significant change of placement.
- ❒ Other _____

Other placement options we considered

We decided against these options because

Any other additional information considered by the multidisciplinary team

This reevaluation may result in (1) your child continuing in his/her present placement, (2) the IFSP team recommending a change in placement, or (3) a recommendation that your child not receive services.

The evaluation procedures, assessment, and/or tests we plan to use include the following:

❒ It is not necessary for you to sign this form and return; this is not an initial evaluation or individual intelligence or personality testing. Thank you for assisting the program in meeting your child's education needs.

❒ Your written permission is required because this is an individual intelligence or personality testing.

I understand that the granting of consent is voluntary and may be revoked at any time.

- ❒ Permission is given to evaluate.
- ❒ Permission is denied to evaluate.

_____	_____	_____	_____
Parent/Guardian/Surrogate	Date	Work Phone	Home Phone

Enclosure: *Parent Rights*
cc: Child's File

Form 581-5149T-X (New 7/92)

Date Initiated _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change

Check all that apply:

☐ Identification/Evaluation ☐ Individual Family Service Plan
☐ Placement ☐ Provision of Early Childhood Special Education

Dear _____:

Based on recent evaluation information for _____, the
(Child's Full Name)
IFSP/multidisciplinary team (circle one) has determined the following change for your child:

The team decided on this change because:

Other options we considered were:

We rejected these options because:

Additional information considered by the team including a description of each evaluation procedure, test, record or report:

Enclosed is a copy of *Parent Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me at _____ at
(phone)
_____.
(address)

Sincerely,

Signature _____ Position _____

Address _____

Phone _____

Enclosure: *Parent Rights*
cc: Child's File

Date Initiated _____
Mo Day Yr

Permission to Obtain and Release Information

Dear _____:

In order for us to obtain/release (circle one) information regarding your child,

_____, please complete and return
(Child's Full Name)

one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at _____.

Sincerely,

_____ _____
Name of Contact Person Title of Contact Person

Parent Permission to Obtain or Release Information

I, the undersigned, hereby request and authorize _____

_____

to release to _____

_____

the information which I have indicated below, for the purpose of _____

_____.

Name of Child _____ Date of Birth _____

- ☐ Official early intervention/early childhood special education records (identifying information, eligibility documents, progress reports, correspondence).
- ☐ Medical and/or related records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individual family service plan
- ☐ Other (specify) _____

_____ _____
Signature of Parent/Legal Guardian Date

cc: Child's File

Form 581-5150H-X (New 7/92)

Date Initiated _____
Mo Day Yr

Program/School Officials Having Access to Records

_____ School Year

Following is a current list of the names and positions of those officials (including teachers) in the district who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent or legal guardian. As required by the Buckley Amendment (45 CFR Part 99.5), the records policy specifies the criteria for determining which parties are "officials" and what the program considers to be "a legitimate educational interest."

NOTE: The requirement to maintain a record of parties requesting or gaining access to a student's records does *not* apply to the following persons.

Name	Position	Name	Position

Form 581-5149U-X (New 7/92)

Date Initiated _____
Mo Day Yr

Record of Request for or Disclosure of Records

Child's Full Name _____ Birth Date (mo/day/yr) _____

As required by law, the program maintains a record of all requests for and disclosures of personally identifiable information from the educational records of each child. The information below must be completed except for disclosures to a parent or guardian, requests by or disclosure to an authorized employee, disclosures pursuant to the written consent of a parent or guardian, or requests for or disclosures of directory information.

Party Requesting or Obtaining Information	Date Access Granted

Legitimate Interest/Purpose of Party in Requesting or Obtaining Information _____

_____

_____

_____

NOTE: According to the Family Education Rights and Privacy Act, this record of disclosure may be inspected only by: (a) the parent of the child, (b) the official and assistants who act as custodians of the records, and (c) authorized parties who are responsible for auditing recordkeeping procedures of the program.